

FILED

JUN 03 2015

KRIS W. KOBACH
GOVERNOR, STATE

STATEMENT OF ORGANIZATION

FOR POLITICAL ACTION COMMITTEES AND PARTY COMMITTEES

(See Reverse Side For Instructions)

This is a (check one)	<input checked="" type="checkbox"/> Party Committee	<input type="checkbox"/> Political Action Committee
This is an (check one)	<input type="checkbox"/> Initial Statement	<input type="checkbox"/> Amended Statement

COMMITTEE

(PLEASE TYPE OR PRINT)

Name

Democratic Legislative Victory Fund - 1st District

Mailing Address (Street, City, State, Zip Code)

Business Telephone

700 SW Jackson Street Ste 404 Topeka KS 66603 (785) 234-0425

CHAIRPERSON

Name

Larry Meeker

Home Telephone

()

Mailing Address (Street, City, State, Zip Code)

Business Telephone

()

TREASURER

Name

Tobias Schlensiepen

Home Telephone

()

Mailing Address (Street, City, State, Zip Code)

Business Telephone

()

AFFILIATED OR CONNECTED ORGANIZATIONS

Name

Kansas Democratic PARTY

Mailing Address (Street, City, State, Zip Code)

700 SW Jackson Street Ste 404 Topeka KS 66603

If not connected or affiliated with an organization, identify the trade, profession, or primary interest of the contributors.

SIGNATURE:

"I declare that this statement has been examined by me and to the best of my knowledge and belief is true, correct and complete. I understand that the intentional failure to file this document or intentionally filing a false document is a class A misdemeanor."

6-2-2015
(Date)Larry Meeker
(Signature of Chairperson)

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**Campaign Finance
Statement of Organization
For Political Action Committees
And Party Committees**

Governmental Ethics Commission
109 W. 9th, Suite 504
Topeka, KS 66612
Phone (785) 296-4219
Fax (785) 296-2548
www.kansas.gov/ethics

This is a (Check one) ☒ Party Committee ☐ PAC

This is an (Check one) ☒ Initial Appointment ☒ Amended Statement

Committee Name: **Kansas Democratic Party Legislative Victory Fund 1st**
Address: **700 SW Jackson Street, Suite 404**
Address2:
City: **Topeka** State: **KS** Zip: **66603**
Business Phone:
Email Address:

Chairperson Name: **Joan Wagon**
Address: **700 SW Jackson Street Suite 404**
Address2:
City: **Topeka** State: **KS** Zip: **66603**
Home Telephone: Business Phone:
Email Address: **chair@kansasdems.org**

Treasurer Name: **Matthew Watkins**
Address: **700 SW Jackson Street, Suite 404**
Address2:
City: **Topeka** State: **KS** Zip: **66603**
Home Telephone: Business Phone:
Email Address: **watkinsmatt@gmail.com**

**Affiliated or
Connected
Organizations** Name: **Kansas Democratic Party**
Address: **700 SW Jackson Street, Suite 404**
Address2:
City: **Topeka** State: **KS** Zip: **66603**

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Executed on:

Date: **10/15/2014 3:48:32 PM** Signature of Chairperson: **Joan Wagon**

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STATEMENT OF ORGANIZATION

FOR POLITICAL ACTION COMMITTEES AND PARTY COMMITTEES

RECEIVED

(See Reverse Side For Instructions)

This is a (check one)



Party Committee



Political Action Committee

This is an (check one)



Initial Statement



Amended Statement

DEC 02 2011

KS GOVERNMENTAL ETHICS COMMISSION

COMMITTEE

(PLEASE TYPE OR PRINT)

Name
Legislative Victory Fund - 1st DistrictMailing Address (Street, City, State, Zip Code)
PO Box 1914 Topeka, KS 66044Business Telephone
(785) 234-0425

CHAIRPERSON

Name
Joan WagonHome Telephone
(785) 286-3254Mailing Address (Street, City, State, Zip Code)
4036 NE Kimbal Rd, Topeka, KS 66617-1567Business Telephone
(785) 234-0425

TREASURER

Name
Matt WatkinsHome Telephone
(913) 908-9447Mailing Address (Street, City, State, Zip Code)
11130 Whispering Ln, Kansas City, KS 66109-4265Business Telephone
(785) 235-0425

AFFILIATED OR CONNECTED ORGANIZATIONS

Name

Mailing Address (Street, City, State, Zip Code)

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(Date)

(Signature of Chairperson)